

City of Ocean Springs City of Ocean Springs, Mississippi Building Department 1014 Porter Avenue Post Office Box 1800 Ocean Springs, MS 39564-1800 Phone 228-875-6712

Roof Permit Application

Date:			
Contractor's Name & Business Name			
Contractor's address			
Contractor's phone no	Email		
Name of Home/Business Owner	Phone No		
Is the Home Owner the General Contractor?	Yes No		
Home/Business Owners Current Address			
Address of job			
Square footageTo	otal Job Cost		
Type of job:AsphaltMetal	TPO		
Roof Scope of work			
Signature of Applicant		Date	
**************************************			*****
Lot# Subdivision Parce Front Yard Setback Side Yard Setba	l IdUse 2	Zone	
Flood Zone DFIRM B.F.E	Required B F F.		
DFIRM Map/Panel No	•		
Proposed F.F.E Highest Adjacent Elev	Lowest Adjacent Elev		
Does this project require sub-division of property? Date recorded with Jackson County	I J D J .		
Is job located in Historical District? Yes No	Date approved by HPC	M & B	
Variances needed? Yes No	Date Approved by Z&A		
Notes:			
Approved by		Date	
Building Off	ficial		
Approved by		Date	

Planning Dept/Historic Committee



City of Ocean Springs Building Department & Code Enforcement 1014 Porter Avenue-P.O. Box 1800 Ocean Springs, MS. 39564 Phone 228-875-6712 Fax 228-872-5427

RE-ROOFING BUILDING GUIDE REQUIREMENTS SPECIFIC TO THE CITY OF OCEAN SPRINGS (REFERENCES FOR THE BELOW: 2018 IRC & IBC / OCEAN SPRINGS POLICY)

- ** All areas in the City of Ocean Springs are considered High Wind Areas
- ** All residential neighborhoods are in the 160 mph (3 second gust)

Due to this design wind speed, the 2018 International Residential Code and the 2018 International Building Code require asphalt shingles to be tested in accordance with ASTM D3161, Class H.

The shingle bundle wrappers shall be labeled to indicate compliance.

** Shingles must be high wind rated and have at least 6 nails per shingle.

(We will enforce manufacturer's specifications for installation.) Make sure you include application. Inspectors will be checking the roof shingles with the installation instructions on bundle wrapper at the time of inspection.

<u>Drip Edge:</u> Metal drip edge will be required on all roof edges, <u>rakes as well as on eaves.</u> (IRC & IBC Section R905/Section 1507 respectively)

Step Flashing: Minimum 4"X4" required – one piece on every row. (R905.2.8.3)

Attachment at eaves, rakes, valleys, gable ends, and starter strips:

Shingles and starter strips at all intersections, eaves, valleys, and gable ends shall be set in a minimum 8-inch wide strip of flashing cement. Maximum thickness of flashing cement shall be 1/8 inch. Shingles shall not extend less than $\frac{1}{2}$ inch beyond the drip edge.

A **maximum of 1 layer** of any type of roof covering is allowed, **NO OVERLAY.** (R907.3 (4))

<u>Underlayment</u>: (For Complete Tear Offs): For roofs with slopes of 4:12 or greater, one layer of underlayment is required. For roofs with slopes between 2:12 and 4:12, two layers of underlayment are required or use ice and water shield. (R905.2.7)

Roofs with slopes of less than 2:12: Asphalt shingles are NOT allowed unless a membrane is installed first. (See Manufacturers recommendations for installation) (IRC Chapter 9)

Final inspections ARE required on ALL comm Springs Policy)	nercial & residential buildings. (City of Ocean
Permits are required on all work, new or re-roo	fing projects. (R105.1)
Permits must be issued and on site prior to work	k beginning. (R105.1)
Permit cards must be visible from the street. (R	105.7)
	Most manufacturers and contractors require full placement, if shingle TYPES are mixed on any
repair shall be considered maintenance as	square or less (100 sq ft) of roofing covering and will not require a permit. Roof covering will require a permit. Any roof decking repair on.
Darrell Stringfellow, Building Official, CFM City of Ocean Springs Building Department 228-875-6712	Terry Franklin, Deputy Building Official City of Ocean Springs Building Department 228-875-6712
I	(print name) have read and understand the
SIGNATURE	DATE

CITY OF OCEAN SPRINGS

BUILDING DEPARTMENT

RE: (Job Address)	, Ocean Springs, MS 39564
ı	nspection Affidavit
l,	,Owner/Contractor*
(*Please print name and circle type)	
do hereby confirm that the <i>roof deck nailing and i</i>	roof system will be done in compliance with the 2018 International
Residential Building Code. I also understand that I	am responsible for this roofing system in the event that I do
not schedule all appropriate inspections. I hereby	acknowledge that a final inspection is required on this roofing
system.	
STATE OF MISSISSIPPI COUNTYOF	Signature
Sworn to and subscribed before me this _	day of 20
Ву	
	Notary Public, State of Mississippi
(Seal)	(Notary Signature)
Personally known or Produced Identification Type of identification produced	